

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/03/2012	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER				STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY RD CARMEL, IN 46033			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for Investigation of Complaints IN00109370 and IN00109442.</p> <p>Complaint IN00109370 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Complaint IN00109442 - Substantiated. Federal/state deficiencies related to the allegations are cited at F202 and F203.</p> <p>Survey dates: July 2 and 3, 2012</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Survey team: Chuck Stevenson RN Melanie Strycker RN</p> <p>Census bed type: SNF: 53 SNF/NF: 33 Total: 86</p> <p>Census payor type: Medicare: 41 Medicaid: 15 Other: 30 Total: 86</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 5</p> <p>These deficiencies also reflect State findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/7/12 by Jennie Bartelt, RN.</p>						

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F0202 SS=D	<p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>Based on record review and interview, the facility failed to ensure documentation in the clinical record indicated complete assessments, care planning, and physician input to meet the resident's needs before refusing readmission to the facility following hospitalization for yelling behaviors. This deficient practice affected 1 of 3 residents reviewed for admission and discharge rights in a sample of 5 (Resident B).</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 7/02/12 at 11:00 a.m. The record indicated diagnoses included, but were not limited to, congestive heart failure, hypertension, altered mental status, senile dementia, and chronic obstructive pulmonary disease. Resident B was admitted to the facility on 5/08/12.</p>		F0202	<p>This serves as the Allegation of Compliance for Kindred Transitional Care & Rehabilitation-Bridgewater for the recent complaint survey dated 7/3/2012. Kindred-Bridgewater asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred-Bridgewater is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred-Bridgewater is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made</p>		07/20/2012	

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	<p>A hospital Admission History and Physical prior to admission, dated 4/30/12, indicated:</p> <p>"Reason for hospitalization:</p> <ol style="list-style-type: none"> 1. Change in mental status with acute encephalopathy. 2. Multiple other medical problems including diastolic heart failure. 3. Long-term CO2 narcosis (increased blood level of carbon dioxide)... <p>Past medical history:</p> <ol style="list-style-type: none"> 1. Chronic diastolic heart failure. 2. Chronic renal failure, stage III.... 3. Obstructive sleep apnea. 4. Previous history of DVT (deep vein thrombosis; blood clots)... 5. Peripheral neuropathy diagnosed in 2009. 6. Status post multiple orthopedic procedures including left knee replacement, bilateral shoulder surgery, right femur fracture. 		<p>on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. F202 The facility ensures the resident's clinical record is documented correctly when transferring or discharging.</p> <ol style="list-style-type: none"> 1. Resident B discharged to the hospital on 5/10/12 and did not return to the facility, therefore, no further corrective action can be taken for this resident. 2. A resident that is transferred or discharged in a non-emergent nature will have proper documentation that is appropriate and includes items identified in the 2567: physician input, assessments, care planning. At this time there are no residents whose needs cannot be met residing in the facility. 3. Licensed staff, the Social Service supervisor and social service assistant will be in-serviced on documentation for transfer/discharge of residents, including but not limited to, the proper method of discharge, discharge planning, and documentation by the Staff Development Coordinator or Director of Nursing. 4. The Medical Records supervisor, or designee, will review all transfer/discharges, ongoing to ensure proper documentation is in place. Social Service Director, or designee, will review findings and report to the Performance Improvement 				

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	<p>7. Right oophorectomy (removal of ovary)...</p> <p>She has in the past been on Haldol for severe agitation....</p> <p>A hospital "Consults" dictation, dated 5/03/12, indicated:</p> <p>"Reason for consultation: Altered mental status.</p> <p>History of present illness:...a history of COPD (chronic obstructive pulmonary disease), chronic kidney disease,...who presents with altered mental status.</p> <p>Review of systems: Unable to complete given the patient's mental status.</p> <p>Physical examination:</p> <p>Cardiac: It was difficult as the patient was yelling loudly while I was auscultating (listening to heart sounds)...."</p> <p>During an interview with the Director of Nursing (D.O.N.) on 7/02/12 at 11:30 a.m., she indicated a Clinical Liaison from the facility had gone to the hospital and done an in-person evaluation and assessment of Resident B prior to the facility agreeing to accept her for</p>			<p>committee monthly for 3 months to determine need for continued monitoring thereafter.</p> <p>5.Completion date: 7/20/12.</p>			

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	<p>admission.</p> <p>Nurse's progress notes indicated:</p> <p>5/09/12 2:55 a.m., "Resident is alert and oriented to self. Able to voice wants and needs. Yelling loudly throughout shift; counting numbers and wanting someone to stay in the room with her. Resident moved from original room with roommate to empty room due to yelling on earlier shift...."</p> <p>5/09/12 9:51 p.m., "PT. (patient) is in bed. She's still having screaming episodes, will continue to monitor..."</p> <p>5/10/12 12:45 p.m., "Exec Dir (Executive Director), DON, and (Social Services) met with resident's sister and resident's daughter joined via conference to discuss resident's behavior and delirium and plans to help resolve resident's behavior. Resident's daughter has agreed to have resident sent back to hospital for thorough evaluation. IDT (Interdisciplinary Team) will continue to support as needed."</p> <p>5/10/12 1:50 p.m., "Send to (acute care hospital) to eval (evaluate) and tx (treat)."</p> <p>5/10/12 4:24 p.m., "Pt. has been transferred out to (name of Acute Care Hospital) for evaluation and treatment..."</p>						

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	<p>During an interview with the Executive Director on 7/02/12 at 4:15 p.m., he indicated that during the above discussion he had advised Resident B's family members that the facility might not accept Resident B back to the facility after her hospitalization. He also indicated that when the family members were advised the facility would not readmit Resident B following her hospitalization both were upset.</p> <p>Resident B's Progress Notes included no documentation of any behaviors other than the 2 noted incidences of yelling on 5/9/12. The record included no documentation of any concerns of a decline, crisis, safety concerns, or change in her clinical condition which would require an immediate transfer.</p> <p>An undated facility document identified by the D.O.N. as an assessment done at the hospital by a Clinical Liaison for Resident B after her return to the hospital on 5/10/12 indicated:</p> <p>"Upon review of pt. notes, multiple physicians noted pt. was agitated, yelling and difficult to communicate with. Pt. was d/cd (discharged) from BW (Kindred Transitional Care - Bridgewater) to hospital due to severe agitation (symbol</p>						

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	<p>for "and") (symbol for change) in mental status. Pt. has not improved, per my bedside assessment. Due to behavior, cardiac, and wound needs-would like to place pt. at (name of another long term care facility)."</p> <p>A letter from Resident B's facility treating physician, dated 7/03/12, and delivered to the facility on that date, indicated in its entirety:</p> <p>"(Resident B) was admitted to Kindred Bridgewater on 5/8/2012 and was a resident in the facility less than 48 hours. On 5/10/2012, she exhibited mental status changes, increased behavioral concerns, and increased delirium. The decision was made at that time to transfer her to the Emergency Department at (name of acute care hospital) for evaluation and treatment, at which time she was admitted."</p> <p>Resident B's record included no documentation of an appropriate assessment to determine if development of a care plan with appropriate interventions would allow the facility to meet the resident's needs. Records contained no interim care plan developed on admission to the facility identifying behavioral concerns or strategies to deal with them. The record included no</p>						

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	<p>documentation of a physician's statement indicating what needs the facility would not be able to meet and why they would not be able to meet them. The record included no documentation the facility did not have plans or intentions for Resident B not to return to the facility following her hospital stay.</p> <p>Resident B's family member #1 was interviewed on 7/05/12 at 9:50 a.m. She indicated she attended a meeting on 5/10/12 at the facility concerning the facility's plan to transfer Resident B back to the hospital. She indicated the facility specifically stated the reason for the transfer was for the resident's behavior of yelling out, with the expectation the hospital could provide medication adjustments which would help with this behavior. She indicated she specifically asked if Resident B would be allowed to return to the facility after her hospitalization. She indicated the Executive Director said, "Sure," the Director of Nursing said "Absolutely," and the Social Services worker nodded her head yes. She indicated the facility did not ask her to sign any discharge documents, and she did not receive any documentation at the time of the meeting, or since.</p> <p>Resident B's family member #2, who was</p>						

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	<p>responsible for making health care decisions for Resident B, was interviewed on 7/05/12 at 10:00 a.m. She indicated she participated in the above meeting by phone. She also indicated the facility said "sure" and absolutely" when asked if the resident could return to the facility after her hospital stay. She also indicated she has never received any discharge forms or documentation.</p> <p>2. A facility policy dated 4/28/09 titled "Discharge/Transfer of the Resident" indicated:</p> <p>"Definitions:</p> <p>Discharge: To leave the center without plans or intention to return to the center (i.e., discharge to home, a lower level of care or another long term care center, death).</p> <p>Transfer: To leave the center with plans or intentions to return (i.e., transfer to an acute care center for appropriate care).</p> <p>Procedure:</p> <p>Discharge home or another level of care:</p> <p>1. Explain discharge procedure and reason to resident and give copy of Transfer and Discharge Notice as</p>						

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	<p>required. Include family member/responsible party....</p> <p>2. Provide education to resident and/or family member/responsible party...Items/information that may be included in discharge planning may include, but is not limited to:...</p> <p>a. Where and from whom the resident will receive care...</p> <p>b. Resident's health condition...</p> <p>g. Summary of resident's current health status.</p> <p>5. Complete a discharge summary and post discharge plan of care form...</p> <p>8. Have resident and /or family member/responsible party sign discharge summary and post discharge care form including release of medications.</p> <p>9. Give copy of form to the resident and/or representative or person(s) responsible for care and place the signed original of the form in the resident's medical record...."</p> <p>This federal tag relates to Complaint IN00109442.</p>						

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	3.1-12(a)(5)(A) 3.1-12(a)(5)(B)						

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F0203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State</p>						

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	<p>long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to ensure the resident was issued a Notice of Transfer or Discharge which included all the required information for 1 resident of 3 reviewed for transfer and discharge rights and notification in a sample of 5. (Resident B)</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 7/02/12 at 11:00 a.m. The record indicated diagnoses included, but were not limited to, congestive heart failure, hypertension, altered mental status, senile dementia, and chronic obstructive pulmonary disease. The resident was admitted to the facility on 5/8/12.</p> <p>A hospital Admission History and Physical, dated 4/30/12, indicated:</p>		F0203	<p>F203</p> <p>The facility ensures a resident is issued a Notice of Transfer or Discharge which includes all the required information is issued when necessary.</p> <p>1.Resident B discharged to the hospital on 5/10/12 and did not return to the facility due to the facility, therefore, no further corrective action can be taken for this resident.</p> <p>2.Residents that are to be transferred or discharged in a non-emergent nature are potentially at risk. Social Service Director or designee will have proper documentation in place prior to event that is appropriate and includes items identified in the 2567: physician input, assessments, care planning and other necessary regulatory items.</p> <p>3.Licensed staff, the Social Service supervisor and social service assistant will be</p>		07/20/2012	

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	<p>"Reason for hospitalization:</p> <ol style="list-style-type: none"> 1. Change in mental status with acute encephalopathy. 2. Multiple other medical problems including diastolic heart failure. 3. Long-term CO2 narcosis (increased blood level of carbon dioxide)... <p>Past medical history:</p> <ol style="list-style-type: none"> 1. Chronic diastolic heart failure. 2. Chronic renal failure, stage III... 3. Obstructive sleep apnea. 4. Previous history of DVT (deep vein thrombosis; blood clots)... 5. Peripheral neuropathy diagnosed in 2009. 6. Status post multiple orthopedic procedures including left knee replacement, bilateral shoulder surgery, right femur fracture. 7. Right oophorectomy (removal of ovary)... <p>She has in the past been on Haldol for</p>			<p>in-serviced relative to notice requirements before transfer/discharge, including but not limited to proper method of discharge, discharge planning, and documentation by the Staff Development Coordinator.</p> <p>4. The Medical Records supervisor, or designee, will review all transfer/discharges, ongoing, to ensure proper documentation is in place. Social Service Director, or designee, will review findings and report to the Performance Improvement committee for 3 months to determine need for continued monitoring thereafter.</p> <p>1. Completion date: 7/20/12.</p>			

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	<p>severe agitation....</p> <p>A hospital "Consults" dictation, dated 5/03/12, indicated:</p> <p>"Reason for consultation: Altered mental status.</p> <p>History of present illness:...a history of COPD (chronic obstructive pulmonary disease), chronic kidney disease,...who presents with altered mental status.</p> <p>Review of systems: Unable to complete given the patient's mental status.</p> <p>Physical examination:</p> <p>Cardiac: It was difficult as the patient was yelling loudly while I was auscultating (listening to heart sounds)..."</p> <p>During an interview with the Director of Nursing (D.O.N.) on 7/02/12 at 11:30 a.m. she indicated a Clinical Liaison from the facility had gone to the hospital and done an in-person evaluation and assessment of Resident B prior to the facility agreeing to accept her for admission.</p> <p>Nurse's progress notes indicated:</p> <p>5/09/12 2:55 a.m. "Resident is alert and</p>						

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	<p>oriented to self. Able to voice wants and needs. Yelling loudly throughout shift; counting numbers and wanting someone to stay in the room with her. Resident moved from original room with roommate to empty room due to yelling on earlier shift...."</p> <p>5/09/12 9:51 p.m. "PT. (patient) is in bed. She's still having screaming episodes, will continue to monitor..."</p> <p>5/10/12 12:45 p.m. "Exec Dir (Executive Director), DON, and (Social Services) met with resident's (family member) and resident's (family member) joined via conference to discuss resident's behavior and delirium and plans to help resolve resident's behavior. Resident's (family member) has agreed to have resident sent back to hospital for thorough evaluation. IDT (Interdisciplinary Team) will continue to support as needed."</p> <p>5/10/12 1:50 p.m. "Send to (acute care hospital) to eval (evaluate) and tx (treat)."</p> <p>5/10/12 4:24 p.m. "Pt. has been transferred out to (name of Acute Care Hospital) for evaluation and treatment..."</p> <p>During an interview with the Executive Director on 7/02/12 at 4:15 p.m. he indicated that during the above discussion</p>						

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	<p>he had advised Resident B's family members that the facility might not accept Resident B back to the facility after her hospitalization. He also indicated that when the sister and daughter were advised the facility would not readmit Resident B following her hospitalization both were upset.</p> <p>Resident B's Progress Notes contained no documentation of any behaviors other than the 2 noted incidences of yelling on 5/9/12. The record contained no documentation of any concerns of a decline, crisis, safety concerns, or change in her clinical condition which would require an immediate transfer.</p> <p>An undated facility document identified by the D.O.N. as an assessment done at the hospital by a Clinical Liaison for Resident B after her return to the hospital on 5/10/12 indicated:</p> <p>"Upon review of pt. notes, multiple physicians noted pt. was agitated, yelling and difficult to communicate with. Pt. was d/cd (discharged) from BW (Kindred Transitional Care - Bridgewater) to hospital due to severe agitation (symbol for "and") (symbol for change) in mental status. Pt. has not improved, per my bedside assessment. Due to behavior, cardiac, and wound needs-would like to</p>						

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	<p>place pt. at (name of another long term care facility)."</p> <p>A letter from Resident B's facility treating physician dated 7/03/12 and delivered to the facility on that date indicated, in its entirety:</p> <p>"(Resident B) was admitted to (name of facility) on 5/8/2012 and was a resident in the facility less than 48 hours. On 5/10/2012, she exhibited mental status changes, increased behavioral concerns, and increased delirium. The decision was made at that time to transfer her to the Emergency Department at (name of acute care hospital) for evaluation and treatment, at which time she was admitted."</p> <p>Resident B's record contained no documentation of any written notification of the reasons the facility refused to readmit the resident following her hospital stay, no notification of the right to appeal the action to the State, no notification of contact information for the State long term care ombudsman, or written documentation of the facility's notification of family members of the final discharge.</p> <p>Resident B's family member #1 was interviewed on 7/05/12 at 9:50 a.m. She</p>						

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	<p>indicated she attended a meeting on 5/10/12 at the facility concerning the facility's plan to transfer Resident B back to the hospital. She indicated the facility specifically stated the reason for the transfer was for the resident's behavior of yelling out, with the expectation the hospital could provide medication adjustments which would help with this behavior. She indicated she specifically asked if Resident B would be allowed to return to the facility after her hospitalization. She indicated the Executive Director said, "Sure," the Director of Nursing said, "Absolutely," and the Social Services worker nodded her head yes. She indicated the facility did not ask her to sign any discharge documents, and she did not receive any documentation at the time of the meeting, or since.</p> <p>Resident B's family member #2, who was responsible for making health care decisions for Resident B, was interviewed on 7/05/12 at 10:00 a.m. She indicated she participated in the above meeting by phone. She also indicated the facility said "sure" and "absolutely" when asked if the resident could return to the facility after her hospital stay. She also indicated she has never received any discharge forms or documentation.</p>						

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	<p>During an interview with the Executive Director on 7/03/12 at 4:00 p.m., he indicated he had no additional documentation to provide related to the discharge of Resident B.</p> <p>2. A facility policy dated 4/28/09 titled "Discharge/Transfer of the Resident" indicated:</p> <p>"Definitions:</p> <p>Discharge: To leave the center without plans or intention to return to the center (i.e., discharge to home, a lower level of care or another long term care center, death).</p> <p>Transfer: To leave the center with plans or intentions to return (i.e., transfer to an acute care center for appropriate care).</p> <p>Procedure:</p> <p>Discharge home or another level of care:</p> <p>1. Explain discharge procedure and reason to resident and give copy of Transfer and Discharge Notice as required. Include family member/responsible party....</p> <p>2. Provide education to resident and/or family member/responsible</p>						

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	<p>party...Items/information that may be included in discharge planning may include, but is not limited to:...</p> <p>a. Where and from whom the resident will receive care...</p> <p>b. Resident's health condition...</p> <p>g. Summary of resident's current health status..</p> <p>5. Complete a discharge summary and post discharge plan of care form...</p> <p>8. Have resident and /or family member/responsible party sign discharge summary and post discharge care form including release of medications.</p> <p>9. Give copy of form to the resident and/or representative or person(s) responsible for care and place the signed original of the form in the resident's medical record...."</p> <p>This federal tag relates to Complaint IN00109442.</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D) 3.1-12(a)(9)(E)</p>						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to ensure adequate supervision and assistive devices were identified and implemented to prevent a resident (Resident C) from suffering injuries when she fell from her wheelchair and received injuries to her head and left lower leg which required emergency transport to the hospital and subsequent treatment, including stitches. This deficient practice affected 1 resident of 3 reviewed for safety interventions in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 7/02/12 at 10:00 a.m. Diagnoses included, but were not limited to, status post right above the knee amputation 3/03/12, legal blindness, hypertension, congestive heart failure, atrial fibrillation, chronic obstructive heart disease, chronic renal insufficiency, hard of hearing, and venous stasis ulcers of the left lower extremity. Resident C was admitted to the facility on 3/08/12.</p>		F0323	<p>F323 The facility provides that residents receive adequate supervision and assistance devices to prevent accidents as is possible.</p> <p>1. Resident C received the correct assistive devices, including placement of a bed and a wheelchair alarm, and supervision to prevent accidents upon admission. The resident's care plan was implemented and reviewed by the interdisciplinary team and interventions were put into place as needed. Res C did not experience any other falls while in the facility.</p> <p>2. Residents at risk for falls are assessed upon admission, and as necessary thereafter, and will be assessed for correct assistive devices, supervision, and any other appropriate fall prevention interventions, including transfer modalities by the interdisciplinary Team with each new fall at morning clinical meeting. A fall risk assessment is implemented during the admission process</p>		07/20/2012	

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	<p>An initial Minimum Data Set assessment, dated 3/23/12, indicated Resident C was moderately cognitively impaired, did not ambulate, and required staff assistance for all activities of daily living.</p> <p>A hospital "Discharge Summary," dated 3/08/12, indicated Resident C had been admitted to the hospital on 2/26/12 with a gangrenous right lower extremity. She underwent an above the knee amputation on 3/03/12, and was discharged to the facility on 3/08/12 for rehabilitation and wound care.</p> <p>A "Morse Fall Risk Scale" assessment was done on 3/09/12, with a resultant score of 75. A "Morse" score of 45 or higher is considered to be at high risk for falls. The assessment documented that Resident C had a history of falls, was non-ambulatory, and over-estimated or forgot limitations.</p> <p>Physician's Admission Orders, dated 3/08/12, indicated no safety interventions.</p> <p>A nurse's progress note dated 3/09/12 at 7:09 p.m., indicated Resident C had wheelchair and bed alarms and her bed in low position.</p> <p>Nurse's progress notes indicated:</p>			<p>whereas appropriate interventions are put into place. An initial Care Plan is updated when needed when fall interventions are identified.</p> <p>3. The interdisciplinary team, including nurse management, will be in-serviced relative to ensuring resident environment remains free of accident hazards/supervision/devices, including but not limited to, assessment/implementation and appropriate interventions. Nursing Staff will be in-serviced by the Staff Development Coordinator on providing each resident with the required level of supervision and assistance to prevent accidents. The interventions are monitored by the nursing staff on daily rounds. Falls and /or interventions will be reviewed in clinical (Monday through Friday), as appropriate, to assure that interventions are in place. Weekly fall meetings, to discuss all falls occurring that week, are conducted by the Director of Nursing, or designee.</p> <p>4. The Performance Improvement Committee assesses the falls program on an ongoing basis and at least annually. Director of Nursing, or</p>			

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	<p>3/08/12 9:31 p.m., "Received a (age of Resident C) old female pt. (patient) who is a new above the knee amputee on the right leg...She is legally blind, and not likely to notify staff of her needs, therefore staff needs to periodically check on her."</p> <p>3/09/12 10:39 p.m., "...Pt. does not let staff know her needs...."</p> <p>3/11/12 5:40 a.m. "Pt hallucinating during the night. Three separate occasions, the Pt. said "please help me to bed, I am outside...."</p> <p>3/12/12, "Pt. has been transferred to (acute care hospital) for evaluation after sliding to the floor in the dining room. She sustained a cut to right eyebrow and a big skin tear to her lower left leg. Chair alarm was on and functioning. Leg rests were attached properly."</p> <p>During an interview with the Director of Nursing (D.O.N.) on 7/03/12 at 1:45 p.m., she indicated the above incident occurred at 6:00 p.m. on 3/12/12. She did not know the size of the eyebrow wound. She indicated the lower leg injury was 7 by 5 centimeters. She indicated that 911 was called and that staff applied pressure to both wound areas to control bleeding until the Emergency Medicine Technicians</p>			<p>designee, will review findings from the weekly fall meetings and report to the Performance Improvement committee ongoing.</p> <p>5. Completion Date: 7/20/2012.</p>			

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	<p>arrived and assumed care.</p> <p>Resident C returned to the facility on 3/16/12 after a 4 day hospital stay. A hospital "Health Patient Transfer Report" for Resident C, dated 3/16/12, indicated:</p> <p>"The patient is a (age of Resident C) old female who was brought to the ER from her nursing home after the patient fell out of her wheelchair and hit her head on the wood floor...there was a positive loss of consciousness...she does have approximately a 1.5 cm (centimeter) laceration over her right eyebrow. She does complain of left lower extremity pain by her skin tear.</p> <p>Review of systems: She does complain of head pain at her laceration and left lower extremity pain where there is a skin tear.</p> <p>Impression:</p> <p>1. A (age of Resident C) year old who fell from a wheelchair and hit her head on the wood floor.</p> <p>2. Question of odontoid fracture with question epidural versus subdural hematoma..."</p> <p>Resident C was discharged from the hospital back to the facility on 3/16/12."</p>						

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	<p>A nurse's progress note of 3/16/12 at 9:48 p.m. indicated: "Received a (age of Resident C) yr old female pt. from (acute care hospital)...she has stitches above her right eyebrow, due to a recent fall...She has a skin tear to her lower left leg...There's need to anticipate her needs, as she's not likely to communicate her needs to staff."</p> <p>Care plans for Resident C initiated beginning 3/09/12 indicated no care plans for fall risk or other safety measures prior to Resident C returning from the hospital on 3/16/12.</p> <p>Occupational and physical therapy evaluations were completed on 3/09/12. Neither evaluation had any assessment of, or recommendations for interventions, for Resident C's risk for injury secondary to falls, including but not limited to, a lack of assessment for wheelchair positioning or safety devices.</p> <p>During an interview on 7/03/12 at 4:00 p.m., with the Executive Director and Director of Nursing present, the D.O.N. indicated she believed the facility's responsibility to meet the safety needs of Resident C had been met, because the facility had implemented bed and chair alarms, a low bed, and had done a fall risk</p>						

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	<p>assessment on admission. She indicated she was aware no other safety assessments or interventions had been done. She indicated she believed that the facility was not obligated to develop care plans to meet a resident's individual needs prior to 21 days after a resident's admission to the facility.</p> <p>This federal tag relates to Complaint IN00109370.</p> <p>3.1-45(a)(2)</p>						